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FROM THE EDITOR-IN-CHIEF

Toward Holistic Chronic Disease Care: Addressing the Intersecting Burdens on Patients and Caregivers in Low-Resource Health Systems

It is with great pleasure that we introduce this edition of the journal. The issue encompasses a broad range of scholarly contributions addressing critical areas of clinical practice, medical technology, as well as developments in health systems and policy. Together, these articles provide a comprehensive perspective on the evolving landscape of healthcare in West Africa, highlighting both persistent challenges and emerging opportunities. We acknowledge with gratitude the commitment of our authors, reviewers, and readers, whose continued engagement sustains the journal's role in advancing medical knowledge and practice in the region.

Chronic diseases are the leading causes of morbidity and mortality worldwide.[1] A number of the articles in this issue illustrate the medical, social, and psychological tolls that various chronic diseases exert on the patients and families alike. Taken together, these insights emphasize that chronic diseases in our setting are not only highly prevalent but also multifaceted in their impact. Recognizing and addressing these interconnected challenges is essential if health systems are to move toward more holistic, patient- and caregiver-inclusive models of care. In a study by Osaigbovo et al., nearly half of stroke survivors were confirmed to have depression, with obesity, recurrent stroke, post-stroke dependency, and diabetes mellitus identified as major predictors. This underscores how chronic illness can compound vulnerabilities—where physical disability feeds into psychological distress, ultimately diminishing quality of life and hindering rehabilitation outcomes.

Similarly, chronic hypertensive heart failure (HHF) presents its own distinctive challenges. The data from a study by Ogah and co-workers in Ibadan, Nigeria, reveal that HHF often affects a relatively younger population compared to high-income countries, with diabetes emerging as the most common comorbidity. Over half of the patients studied had previously experienced heart failure, reflecting the recurrent and debilitating nature of the condition. Notable gender differences were also observed, with males more frequently showing structural and electrical cardiac abnormalities, while females exhibited higher biochemical derangements. These findings highlight the complexity of chronic disease profiles in sub-Saharan Africa and the pressing need for preventive and early intervention strategies, particularly in addressing hypertension as a root cause.

Through their work, Anjorin et al. reveal the dual nature of care, showing that while systems are designed with the patient in mind, the caregiver plays an equally pivotal role. Frequently, a spouse, child, sibling, or close relative, caregivers provide essential day-to-day support, ranging from physical assistance and financial contributions to emotional and psychological care. Yet, this indispensable role comes with profound costs, encapsulated in the concept of caregiver burden. Caregiver burden refers to the physical, emotional, social, and financial strain experienced by those who care for individuals with chronic illness. It is multidimensional —manifesting as fatigue, anxiety, depression, financial hardship, social isolation, and reduced quality of life. Unlike acute episodes of illness, chronic diseases extend over months or years, placing caregivers under sustained stress that can erode their own health and well-being.[2,3]

In the cross-sectional study of 248 caregivers of patients with chronic diseases admitted to the Emergency Department of a University Teaching Hospital, Anjorin and colleagues found that over three-quarters experienced significant caregiver burden. Nearly one in five reported dissatisfaction with life. The majority were close family members-sons and daughters who had set aside personal and professional commitments to provide care. Importantly, rural caregivers bore disproportionate strain, with a higher burden and lower life satisfaction compared to their urban counterparts. Longer duration of caregiving also correlated with increased stress. These findings are not unique to Nigeria; they reflect a global challenge. The implications of caregiver burden go beyond the caregiver. A strained caregiver may struggle to provide consistent and effective care, ultimately compromising the patient's health outcomes. Studies have demonstrated links between high caregiver burden and poorer adherence to treatment, delayed recovery, increased hospital readmissions, and in some cases, higher patient mortality.[2-5] Thus, attending to caregiver needs is not simply a humanitarian gesture—it is a matter of clinical and public health importance.

In many health systems, particularly in low- and middle-income countries, caregivers are the silent backbone of chronic disease management. They fill the gaps left by limited health workforce capacity and inadequate social support structures. Despite this, caregiver well-being is rarely integrated into patient care plans. The result is a paradox: those who sustain the health of others often experience declining health themselves, leading to a cycle of suffering that perpetuates household vulnerability.[4,5]

The implications for policy and practice are clear. Caregiver well-being must be systematically integrated into chronic disease management. Healthcare systems must expand their scope of concern to explicitly include caregivers. This requires a multifaceted approach that addresses the diverse dimensions of caregiver burden. First, caregiver well-being should be routinely assessed during patient encounters, using validated tools that help clinicians identify those at risk of significant strain. Beyond assessment, there is a need for accessible psychosocial support, including counseling services and peer support groups, which provide caregivers with much-needed emotional outlets and a sense of community. In addition, respite care services are essential to give caregivers opportunities to rest and recover, thereby preventing burnout and sustaining their capacity to provide quality care. Educational initiatives also play a vital role, equipping caregivers with the knowledge and skills necessary to manage chronic illness more effectively and confidently. Finally, health policy must acknowledge the economic impact of caregiving by introducing financial support mechanisms-such as subsidies, tax relief, or other forms of assistance-to reduce the financial strain that often accompanies long-term caregiving responsibilities. Ultimately, caregiver burden cannot remain an unseen or unspoken reality. The health of caregivers is intertwined with the health of those they serve. As chronic diseases continue to rise in prevalence across West Africa, our health systems must undergo a paradigm shift to a family- and caregiver-inclusive model.

The evolving and multifaceted health challenges within our region demand sustained scholarly engagement and rigorous dissemination of evidence. In this regard, the *West African Journal of Medicine* remains committed to serving as a platform for the publication of high-quality scientific work subjected to robust peer review. Preparations are in progress for a forthcoming special issue that will feature significant contributions reflecting advances in biomedical research and clinical practice. We invite the submission of original articles, systematic reviews, and critical analyses for possible inclusion. To facilitate participation, all accepted manuscripts will undergo accelerated review processes and benefit from waivers of article processing charges. Through sustained academic inquiry and collaboration, it is anticipated that these contributions will inform practice, guide policy, and strengthen the broader discourse on health in West Africa and beyond.

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